

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

7009

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b> <div style="font-size: 2em; text-align: center;">3</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> MS / MRS / MR  <div style="margin-top: 10px;">SUSAN</div> </div> <div>           FIRST            LAST            SUFFIX         </div> </div>		<b>OFFICE USE ONLY</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Date Received              Date Hand-Delivered or Date Postmarked              Receipt #      Amount              Date Processed              Date Imaged           </div>
<div style="display: flex; justify-content: space-between;"> <div>           NICKNAME            LAST            SUFFIX         </div> <div>           STEEG         </div> </div>			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE 8702 EL REY BLVD. AUSTIN, TX 78737		
AREA CODE    PHONE NUMBER    EXTENSION (512) 288-2385			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION (512) 288-2385		
<b>6 CAMPAIGN TREASURER NAME</b>	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> MS / MRS / MR  <div style="margin-top: 10px;">SUSAN</div> </div> <div>           FIRST            LAST            SUFFIX         </div> </div>		
NICKNAME    LAST    SUFFIX STEEG			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 8702 EL REY BLVD.    AUSTIN, TX    78737		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE    PHONE NUMBER    EXTENSION (512) 288-2385		
<b>9 REPORT TYPE</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election         </div> <div style="width: 50%;"> <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)         </div> <div style="width: 50%;"> <input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election         </div> <div style="width: 50%;"> <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final report (Attach C/OH - FR)         </div> </div>		
<b>10 PERIOD COVERED</b>	Month    Day    Year    THROUGH    Month    Day    Year 7 / 1 / 2008    12 / 31 / 2008		
<b>11 ELECTION</b>	<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month    Day    Year            /    /         </div> <div style="flex: 2;">           ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special         </div> </div>		
<b>12 OFFICE</b>	OFFICE HELD (if any) JUSTICE OF THE PEACE, PCT. 3		<b>13 OFFICE SOUGHT</b> (if known)
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Name       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Address / PO Box;    Apt. / Suite #;    City;    State;    Zip Code       </div>		

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****15 C/OH NAME****16 ACCOUNT # (Ethics Commission Filers)****17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

**COMMITTEE TYPE**☐ **GENERAL**☐ **SPECIFIC****COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION  
TOTALS****1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0

**2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 0

**EXPENDITURE  
TOTALS****3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$ 0

**4. TOTAL POLITICAL EXPENDITURES**

\$ 145.00

**CONTRIBUTION  
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD**

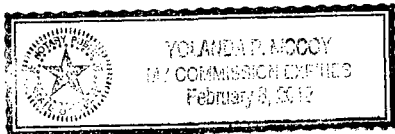
\$ 162.03

**OUTSTANDING  
LOAN TOTALS****6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD**

\$ 0

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Susan Steeg

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SUSAN STEEG, this the 14 day of January, 2009, to certify which, witness my hand and seal of office.

Yolanda P. McCoy

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME SUSAN STEEC-		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 7/5/09	<b>5</b> Payee name AUSTIN AFL-CIO COUNCIL  <b>6</b> Payee address; City; State; Zip Code 1106 LAVACA, AUSTIN, TX 78701	<b>7</b> Amount (\$) \$145.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Advertisement  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date	Payee name  Payee address;      City;      State;      Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED